

NAME
OL NUMBER

OCCUPATIONAL LICENSING SECTION

## PROPERTY USE VERIFICATION FOR VEHICLE DEALER'S LICENSE

**Instructions:** This form is to be completed (*in ink*) by an official of the agency responsible for property use in your area, pursuant to Government Code Section 65850, and submitted with your application for license to a department Inspector.

In connection with an application for a Vehicle Dealer's License to be submitted to the Department of Motor Vehicles by:

APPLICANT'S NAME		PRESENTLY ZONED	
BUSINESS NAME			
BUSINESS ADDRESS	CITY	STATE	ZIP CODE

I hereby certify that the property located above is (*check one of the following*):

- ☐ Approved for the operation of Vehicle Retail Sales  
(office, sign, and display area **mandatory**).
- ☐ Approved for the operation of a Vehicle Dealer-Wholesale Only, no retail sales  
(office **mandatory**).
- ☐ Approved for the operation of a Vehicle Autobroker, no retail sales  
(office and sign **mandatory**).
- ☐ Not approved for the operation of a vehicle dealer business.

SIGNATURE <b>X</b>	TITLE
AGENCY	CITY, COUNTY, OR CITY AND COUNTY
DATE	AREA CODE/TELEPHONE NUMBER (       )

